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23400 7590 09/25/2007

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/771,468 02/05/2004 Takaaki Matsuhashi

14-027 2937

TITLE OF INVENTION: STROKE SIMULATOR

12/07/2007 ACONDAFE 03223318 10771450

31 FC:1501
32 FC:1504

140.00 00
220.00 00

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SY, MARIANO ONG	3683	303-113400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVCIS CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aichi-pref., Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1147 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____



Typed or printed name James E. Barlow

Date December 6, 2007

Registration No. 32,377

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): MATSUHASHI

Atty. Dkt.: 14-027

Serial No.: 10/771,468

Group Art Unit: 3683

Filed: February 5, 2004

Examiner: SY, Mariano Ong

Title: STROKE SIMULATOR

Allowed: September 25, 2007

Confirmation No.: 2937

Commissioner for Patents

December 6, 2007

Alexandria, VA 22314

Mail Stop Issue Fee

ISSUE FEE TRANSMITTAL LETTER

Sir:

Enclosed are one original and one copy of an executed Issue Fee Transmittal Form PTOL-85B for the above allowed patent application as well as a check in the amount of \$1740.00 for payment of the requisite issue fee and publication fee.

Authorization is hereby given to charge any fee deficiencies or credit any overpayment to Deposit Account 50-1147.

Respectfully submitted,


James E. Barlow
Reg. No. 32,377

JEB/moa

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